

APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

(Please type or print in blue or black ink)

POOL NAME(s) <u>LIST ALL POOL NAMES USING THE SAME DISINFECTION SYSTEM</u>					
1) _____		4) _____			
2) _____		5) _____			
3) _____		6) _____			
NAME OF HOTEL, CONDOMINIUM, RECREATION CENTER, ASSOCIATION, ETC.					
POOL LOCATION ADDRESS					
STREET: _____					
CITY: _____		ZIP CODE: _____			
CONTACT PERSON		CONTACT PHONE #		TAX MAP KEY	
				ZONE	SECTION
OWNER NAME(s) (Corp., Partnership, etc.)					
MAILING ADDRESS <u>MUST BE COMPLETED. DO NOT USE "SAME AS ABOVE"</u>					
NAME: _____					
STREET: _____					
CITY: _____		STATE: _____		ZIP CODE: _____	
POOL TYPE: (CIRCLE ONE) FRESH WATER SALT WATER					
FEE AMOUNT: \$50.00 NON REFUNDABLE		(FOR OFFICIAL USE ONLY) DUE BY: _____			N R
MAKE CHECK PAYABLE TO: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)					
PROVIDE ON THE CHECK THE SOCIAL SECURITY NUMBER FOR SOLE PROPRIETORSHIP OR THE FEDERAL EMPLOYEE IDENTIFICATION NUMBER FOR OTHER BUSINESS, PARTNERSHIP, OR CORPORATION.					
SUBMIT APPLICATION AND FEE TO: SANITATION BRANCH 591 ALA MOANA BOULEVARD HONOLULU, HI 96813					
THERE WILL BE A SERVICE FEE OF \$15.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK.					
I UNDERSTAND THAT THE ISSUANCE OF SAID PUBLIC SWIMMING POOL PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 10, "PUBLIC SWIMMING POOLS," AND AFTER ISSUANCE, SAID PERMIT SHALL BE NON-TRANSFERABLE AND VALID FOR FIVE YEARS UNLESS REVOKED OR SUSPENDED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.					
DATE _____		SIGNATURE OF OWNER OR AGENT (SUBMIT ORIGINAL ONLY - NO COPIES)			
TITLE OF OWNER OR AGENT _____		PRINT NAME OF OWNER OR AGENT _____			

SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

PERMIT NO. _____		EXPIRATION DATE _____		SANDISTRICT _____		INACTIVE DATE: _____	
FEE PAID \$50.00		DATE PAID _____		METHOD OF PAYMENT _____		RECEIPT NO. _____	
APPROVED BY: _____		DATE _____		SIGNATURE OF AGENT/DEPT. OF HEALTH _____		R.S. LIC. NO. _____	
DATE PERMIT MAILED: _____		CHECKED: SU _____		DI _____			